



# Alexandria Department of Recreation, Parks and Cultural Activities

1108 Jefferson Street  
Alexandria, Virginia 22314-3999  
(703)838-4343 FAX(703)684-6826



## VOLUNTEER APPLICATION

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Pager/Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (if under age 18)

Education: (circle highest grade completed) 1 2 3 4 5 6 7 8 9 10 11 12  
(circle years of education past high school) 1 2 3 4 5 6 7+

Language(s) spoken other than English: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Special skills, interest or hobbies: \_\_\_\_\_

Have you volunteered with the Alexandria Department of Recreation, Parks and Cultural Activities before?

☐ Yes ☐ No If yes, when? \_\_\_\_\_ in what capacity? \_\_\_\_\_

Other volunteer experience(s): \_\_\_\_\_

Describe any physical limitations, medical problems, allergies and medicine taken regularly: \_\_\_\_\_

Check the areas you are most interested in volunteering:

- |  |   |
|--|---|
| <input type="checkbox"/> Administrative Support                | <input type="checkbox"/> Special Events         |
| <input type="checkbox"/> Adult Sports                          | <input type="checkbox"/> Summer Camp            |
| <input type="checkbox"/> Arts & Crafts                         | <input type="checkbox"/> Therapeutic Recreation |
| <input type="checkbox"/> Centers and Playgrounds               | <input type="checkbox"/> Tutoring               |
| <input type="checkbox"/> Cheerleading                          | <input type="checkbox"/> Youth Sports           |
| <input type="checkbox"/> Cultural Arts                         | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Parks/Natural Resources/Nature Center |   |
| <input type="checkbox"/> Senior Programs                       |   |

Check age groups you are most interested in volunteering: ☐ Preschoolers ☐ Elementary Age  
☐ Middle School Age ☐ Teens ☐ Young Adults  
☐ Adults ☐ Seniors

List days and times you are available to volunteer: \_\_\_\_\_

Have you ever been convicted as an adult for a violation of the law? ☐ Yes ☐ No If yes, please explain in detail.

Note: A criminal conviction will not automatically disqualify applicants for a volunteer position. Consideration may be given to individuals based on the nature of the offense(s) and length of time since the occurrence. However, it is the intent of the Alexandria Department of Recreation, Parks and Cultural Activities to select prospective volunteers with no criminal history. Prior to placement, applicants will be required to undergo a Background Screening so the information provided above can be verified.

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day time phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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☐ Disabled☐ Other

□70+